

Question and Answer: Nevada State Opioid Response: Medication Assisted Treatment Expansion

- 1) [Question]: Please confirm the following for data collection: for the face-to-face interview, is it expected that the client will need to spend an additional 45 mins x 4 data collection pts to complete the data collection tool, or can the counselor enter the data on behalf of the client? We are trying to get a better picture of how much time the client will need to spend for data collection
 - a. A staff member is required to ask the client the questions in the tool. A few questions are completed by program staff at follow-up and discharge. Further directions can be found here: https://www.samhsa.gov/sites/default/files/GPRA/csat_gpra_client_outcome_measures_qxq_2017.pdf. The scheduled time points are part of regular program activity. If the data is collected less frequently, the ability to determine changes in client services and substance use will be difficult to ascertain. These data collection points are generally accepted intervals for client assessment and the participants will be asked to respond to the items according to this schedule so budget accordingly.

- 2) [Question]: Where do we go to register with Nevada's Virtual Dispensary?
 - a. If the organization has previously received naloxone through the State Targeted Response Grant, then they will be receiving an email inviting them to login to the Virtual Dispensary once it goes live. If the organization has not previously received naloxone then they can reach out to the opr@casat.org email address and request that they be added to the virtual dispensary with the name of the agency and the designated point of contact. Each agency or location can only have one point of contact at this time and will be the one to receive the login information.

- 3) [Question]: For hiring new Peer Recovery Support Specialists, must they already be state certified beforehand?
 - a. This is up to the applicant organization.

- 4) [Question]: Will we receive a copy of this PP?
 - a. PPT can be accessed at Nevadasor.org

- 5) [Question]: What type of Fiscal Audit is required?
 - a. A Single Audit must be completed on all recipients who receive \$750,000 or more in federal funds in the recipient's fiscal year. Audits must be performed in accordance with GAGAS (Generally Accepted Governmental Auditing Standards) by an independent auditor. Note that a Single Audit does NOT prohibit federal agencies from conducting their own audit of a recipient, a specific award, or a program.

Organizations that spend less than \$750,000 are required to only make their records available for review or audit by the Federal awarding agency, any pass-through agency and the U.S. Government Accountability Office.

- 6) [Question]: Do providers have to be eligible to accept Fee for Services and all Medicaid coverage options?
 - a. Organizations must be enrolled in both Fee for Service (FFS) Medicaid and with each Managed Care Organization to the extent they have open networks in order to maximize all Medicaid billing opportunities. Additionally, the applicant organization must be actively billing Medicaid for services at time of application submission.

- 7) [Question]: Under Category 8, NAS, what does a licensed Healthcare professional consist of? Can you give examples pls... Thanks
 - a. Answer: Licensed Healthcare professional is not under Category 8. The only place it's used is within the budget section. Category 8 is very specific with what professionals can be involved, referencing, "nurse, social worker, counselor, maternal-infant educator" but does not use "licensed".

- 8) [Question]: Can a PEER help with the GPRA?
 - a. Yes, if they are trained to administer the tool this is allowed. Although, these data collection points are generally accepted intervals for client assessment so it still may be beneficial for a counselor to do so.

- 9) [Question]: Page 2 indicates the process for IOTRC's referring to our agency after they: assess, screen, induce, and provide level 1 treatment to the clients. Then they will refer them to outpatient facilities. Does this have to be the process? What if clients don't want to receive these initial services from an IOTRC?
 - a. Page 2 outlines the 'hub and spoke' model. If your organization has a provider that can provide the services on-site, you can provide the services at your organization.

- 10) [Question]: How do we spend down the grant funds if clients are being seen elsewhere and come to outpatient to then meet with a welfare services worker to get insurance? On page 6 it states we can "use SAMHSA grant funds for services to individuals who are not covered by public or health insurance program, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan." Does our agency get to make the sole decision around that or is CASAT or the State going to try and determine who meets eligibility requirements for SAMHSA dollars?
 - a. We are seeking clarification from SAMSHA regarding this question.

- 11) [Question]: To clarify, would Quest be considered an “Opioid Addiction Team” under option C on page 9?
- a. Correct, Quest would be considered an “Opioid Addiction Team” under option C on page 9, if that is the category you are seeking funding under.
- 12) [Question]: Do outpatient agencies providing MAT, get certified by CASAT or SAPTA to provide MAT?
1. Certification per NAC 458/Division Criteria is facilitated through SAPTA. SAPTA contracts with CASAT to conduct certification activities. Organizations must obtain an application for certification to do so, contact: Raul Martinez from SAPTA via email at rmartinez@health.nv.gov to obtain the Division Certification Application and checklist.
- 13) On page 15, it says “Program funds may support MAT expansion” does that include the cost of an initial buprenorphine induction before a prior auth is granted to make the program run more smoothly and make inductions easier/less time for the client?
- a. Yes, funds can be used to pay for buprenorphine induction in order to allow time to obtain a prior authorization.
- 14) Does SAMHSA and CASAT recognize take home inductions for certain clients, as an EBP?
- a. Take home inductions are not considered an Evidenced Based Practice. Further clarification is needed; is ‘take home induction’ referring to patient’s receiving a prescription for Buprenorphine that they have filled at a pharmacy? Or is it for patients receiving the buprenorphine from the treatment provider and inducing at home?
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- 15) Is it correct that no matter what category we choose to write for, Overdose prevention must be incorporated in the grant?
- a. Correct, which ever category the applicant organization applies for, overdose education with naloxone distribution must be incorporated. Naloxone is available using the Virtual Dispensary at no cost to your agency.
- 16) Can you use a sub-contractor for the prevention services?
- a. What type of prevention services are you anticipating sub-contracting for? Prevention services under this funding announcement are not considered to be primary prevention. Services are secondary and tertiary prevention such as, overdose prevention education and naloxone distribution.
- 17) Under additional information on eligibility it states, "If providing direct treatment services (e.g. SUD), the applicant organization must have an established service delivery

system in place for a minimum of two years. What does this mean regarding Category 2: MAT expansion for SAPTA -certified providers?

- a. For example, an outpatient or residential service that is certified by SAPTA decides to expand into MAT services. The organization has been in business for 2+ years offering direct service and now want to expand into offering MAT services.
- 18) Does that mean that the clinic has to have been open and treating patients with MAT for two years?
- a. No, the clinic does not have to be treating patients with MAT for two years; however, the clinic has to be open and have an established service delivery system for a minimum of two years and that if they are now wanting to **add** MAT they can do so under this funding opportunity.
- 19) Can a clinic that is in the process of opening and currently in the process of credentialing with SAPTA apply for the grant?
- a. An organization must have an established service delivery system in place for a minimum of 2 years and be eligible for SAPTA certification in order to be eligible to apply for grant funds.
- 20) If an agency meets the criteria (in our case FQHC), if they are not currently SAPTA certified they will need to submit a certification application for the category area in which they are applying for. Correct? We are not currently SAPTA certified for any service delivery activities and I am trying to figure out if we would need to become certified in order to apply/receive funding.
- a. The organization does not need to be SAPTA certified in order to apply. Your organization will need to obtain a certification application packet from SAPTA and become Division/SAPTA certified for the services funded.
- 21) . Do potential providers have to be eligible to accept Fee for Service (FFS) and all Medicaid coverage (Blue Cross/Amerigroup, Silver Summit, HPN)?
- a. Organizations must be enrolled or in process of becoming enrolled in both Fee for Service (FFS) Medicaid and with each Managed Care Organization to the extent they have open networks in order to maximize all Medicaid billing opportunities. Additionally, the applicant organization must be actively billing Medicaid for services at time of application submission.